

# *National Institutes of Health*

## *RIDEFINDERS NETWORK APPLICATION*

### *carpool, vanpool and public transit*

#### Instructions

1. Complete this form.
2. Return this form to the ETSO, Division of Security Operations, Bldg. 31, Room B3B08.
3. If you have any questions, please call the ETSO at 402-RIDE (7433).

Name (last, first, middle initial) \_\_\_\_\_

Home Address (number/street, apartment, city, state, zip, county) (will be kept confidential) \_\_\_\_\_

Home Phone (with area code) \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Address

☐ NIH: Building/Room - \_\_\_\_\_ ICD (Institute, Center, or Division) \_\_\_\_\_

☐ Other agency name and address: \_\_\_\_\_

Work Hours

Arrival time \_\_\_\_\_

Leave work at \_\_\_\_\_

How much flexibility do you have with these hours?

☐

None

☐

15 minutes earlier or later

☐

30 minutes earlier or later

☐

60 or more minutes  
earlier or later

Check all transportation options which interest you:

Carpool: ☐ Driver ☐ Share Driving ☐ Rider

Vanpool: ☐ Driver ☐ Share Driving ☐ Rider

How do you usually travel to work? (check one)

☐

Drive alone

☐

Vanpool

☐

Ride-On or Metro Bus

☐

Carpool

☐

Metrorail

☐

Other \_\_\_\_\_

Describe alternative pick-up locations, if any. (Indicate places other than your home where you could meet other poolers. Give intersection, subdivision, Park & Ride, county.) \_\_\_\_\_

Would you like bus or Metrorail information?

☐

Yes

☐

No

**Privacy Act Notice:** NIH maintains records of employees participating in the Federal Facility Ridesharing Program as a part of the System of Records: 09-90-20023 Departmental Parking Control Policy and Records Systems. HHS/OS/ASMB/OFE. The information requested on this form is voluntary, however only complete applications can be processed into the Ridefinders Network.

The NIH will use this information as follows: (1) This form is used to register employees in the Ridefinders Network. NIH will access the Metropolitan Washington Council of Governments' Ridefinders Computer Network and generate a ridematch list containing work locations, duty hours and telephone numbers of potential rideshare partners. Participants may be contacted by the Council of Governments for survey information on the effectiveness of the Network and for updating information. (2) The information may be disclosed to a congressional office at your request. It may also be disclosed to the Department of Justice, if needed to enable DHHS to present an effective defense in the event that the Department becomes involved in litigation.

#### All applicants must sign the following statement:

I authorize the National Institutes of Health: 1) to disclose the information on this application to the Metropolitan Washington Council of Governments' Ridefinders Network for the purpose of identifying potential rideshare partners, and 2) to track and monitor employee participation in the Program.

Signature

Date